

## REQUIREMENTS FOR LICENSURE - ARCHITECT

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

### REQUIREMENTS

1. Possess the proper education and/or experience as contained below; and
2. Pass the NCARB's A.R.E. or equivalent exams.

### PATHWAYS

There are two basic pathways to licensure:

1. If you are already licensed in another state, you will be seeking licensure via endorsement.
  2. If you are NOT licensed in any other state, you will be seeking licensure via IDP/exam.
- ° On page 1 of the application form, please indicate which pathway (1 or 2) for licensure you are taking.

### MINIMUM EDUCATION & EXPERIENCE

The amount of experience required is dependent on the level of education you have and the pathway applicable to you:

EDUCATION LEVEL	LAWFUL EXPERIENCE	
	[via endorsement]	[via IDP]
1 - Bachelor's, master's or higher degree in architecture from a school or college approved by the Board; OR	3 years	IDP
2 - Graduate of a 4-year architectural, pre-architectural or arts and science curriculum from a school or college approved by the Board; OR	5 years	IDP + 2 years
3 - Graduate of a 2-year architectural technology curriculum from a community college or technical training school approved by the Board; OR	8 years	IDP + 5 years
4 - No Degree	11 years	IDP + 8 years

On page 1 of the application form, please indicate which level of education (1 to 4) you have.

### FOREIGN EDUCATION

In addition to the foregoing, graduates of foreign colleges must have their foreign education evaluated if they wish to have their college degree(s) considered.

In order to do this, contact the Licensing Branch at (808) 586-3000 and request an "Application for Evaluation of Foreign Educational Credentials". Complete the form and submit it with the required documents and fee to Educational Credential Evaluators, Inc. (ECE). Request a general report. Applications are also available on the internet at [www.ece.org](http://www.ece.org).

Reports are prepared by ECE and a copy is sent to us usually within 4 – 6 weeks following receipt of all required documents.

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## VERIFICATION OF EXPERIENCE

Applicants are required to document his/her education and experience. You will need to document your experience in the record portion of the application. However, your level of education and pathway for licensure will dictate the type of additional verification you will need to submit. Refer to the listing below for ways to provide evidence of your experience:

1. NCARB certificate holder (for licensure via endorsement): You must have NCARB submit your NCARB Council record.
2. Completion of Intern Development Program (for licensure via IDP/exam): You must have NCARB submit the appropriate records.
3. Lawful experience under the supervision of a licensed architect(s): You must have the enclosed forms EAS-13 "Verification of Supervision" completed by your supervisor(s). If your supervisor is no longer available, contact your original state of licensure and have them submit copies of documentation on your experience directly to the Board.
4. Experience in responsible charge (for licensure via endorsement): You must have the enclosed form EAS-11(c) completed. Please note that experience in responsible charge will be credited in the ratio of 2:1 of the required lawful experience.

## EXAMINATION

### Applicants for licensure via endorsement:

Verification of your examination and exam scores must be accomplished. Send the "Verification of Exam/License" form S-1 to the state in which you were **ORIGINALLY LICENSED BY EXAMINATION** with the appropriate service fee, if any. Contact your state licensing agency for any charge. If more than one form is needed, in cases where the exams were taken in more than one state, please duplicate. Completion of this form will also serve to verify your out-of-state license.

### Applicants for licensure via IDP/exam:

Upon approval of your application, we will inform the test administrator, Chauncey Group International, of your eligibility to take the A.R.E. The Chauncey Group will send you an Authorization to Test (ATT) letter that will indicate the divisions you are eligible to take. You will also be sent a Bulletin of Information that provides information on scheduling an appointment to take the exam and payment of fees.

For your information:

NCARB  
1801 K Street, NW, Suite 1100-K  
Washington, D.C. 20006

Phone: 202-783-6500  
Fax: 202-783-0290  
[www.ncarb.org](http://www.ncarb.org)

## SUBMITTALS

### For NCARB certificate holders:

1. Complete page 1 of the application, sign on page 2, and have NCARB submit your NCARB Council Record; **AND**
2. **Non-refundable application fee of \$75 made payable to Commerce & Consumer Affairs.**

### For those who are not NCARB certificate holders:

1. Complete the entire application; provide details of your experience in the "Experience Record" portion (keep in mind that "supervisor" refers to a licensed architect other than yourself); **AND**
2. Provide a copy of all pertinent diplomas or official transcript(s) from an approved school or college; **AND**
3. **Non-refundable application fee of \$75 made payable to Commerce & Consumer Affairs.**

Depending on your pathway, the board will be awaiting submission of one or more of the following:

1. Documentation of holding an NCARB Certificate (NCARB Council Record).
2. Documentation of your completion of IDP from NCARB.
3. "Verification of Supervision" form completed by your supervisor(s) who is a licensed architect.
4. "Verification of Exam/License" form from another state board.
5. "Experience in Charge" form from a licensed architect.
6. ECE report if you are a graduate of a foreign college.

## INFORMATION & INSTRUCTIONS – ARCHITECT

Complete the attached form using a typewriter or print legibly in black ink. Answer all questions and sign and date the application form. **Applications that lack supporting documents required for exam or licensure will not be considered.** It is the applicant's responsibility to ensure that all documents are received timely.

### REQUIREMENTS

Please read the requirements section carefully. Should you have a question or concern regarding the requirements, contact the Licensing Branch at (808) 586-3000.

Individuals from the neighbor islands can call the toll free access numbers:

Kauai:	274-3141 ext. 3000	Maui:	984-2400 ext. 6-3000
Hawaii:	974-4000 ext. 3000	Molokai:	1-800-468-4644 ext. 6-3000
Lanai:	1-800-468-4644 ext. 6-3000		

Information can also be obtained from the Professional & Vocational Licensing Division website: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

### FEES

Make check payable to: **COMMERCE & CONSUMER AFFAIRS** (unless otherwise noted).

**Note:** One of the requirements that must be met is the payment of fees as set forth in this application. You may be sent a registration or license certificate before the check you submitted for your required fees clear your bank. If the check is returned to the DCCA unpaid, you will have failed to pay the required fees and your registration or license will not be valid, and you may not conduct business under that registration or license. Also, a \$15.00 service fee will be charged for checks which are not cleared and subsequently returned from the bank.

### RETURN OF REQUIRED ITEMS

Mailing Address:  
Board of EASLA  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

Office location:  
335 Merchant Street, Room 301  
Honolulu, HI 96813

### RESPONSE

You will receive a deficiency notice or an approval notice upon receipt of all required documents and review of your application.

If for any reason you are denied the registration or license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your registration or license and must be received within 60 days of the date that your application for registration or license has been denied.

### ABANDONMENT

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

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## **LAWS & RULES PUBLICATIONS**

You must certify to reading, understanding, and agreeing to comply with the Hawaii Revised Statutes and Hawaii Administrative Rules governing this license area. Please see below for the chapter numbers of the applicable Hawaii Revised Statutes and Hawaii Administrative Rules. To obtain a copy of the statutes and rules, send a written request to: Board of EASLA, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, Hawaii 96801. In addition, you may download the statutes and rules from the following site: [www.hawaii.gov/dcca](http://www.hawaii.gov/dcca). Look under "Engineer, Architect, Surveyor, Landscape Architect".

For Architects, you should be familiar with Chapter 464 (HRS), Chapter 115 (HAR), and Chapter 436B, the Professional and Vocational Licensing Act.

## **LICENSURE & RENEWAL**

After all requirements are fulfilled, license fees will be due. Notification of amounts will be sent to you at the appropriate time.

For Architects, all licenses (regardless of issuance date) will expire on **April 30 of each EVEN-NUMBERED year** and are subject to renewal by the license expiration date. Renewals received after the license expiration date are subject to late renewal fees and may be restored up to 2 years. After 2 years, a new application for licensure is required.

## **CHANGE OF ADDRESS**

Whenever you have a change of address, please report it to the department in writing so that your records can be updated.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# APPLICATION FOR LICENSURE – ARCHITECT

State of Hawaii  
Board of Engineers, Architects,  
Land Surveyors & Landscape  
Architects

Indicate the type of application you are making at this time:  
(Place a checkmark next to your pathway to licensure and circle your education level)

1.        **Via Endorsement**

Licensed in \_\_\_\_\_  
(State)

Exam passed in \_\_\_\_\_ on \_\_\_\_\_  
(State) (Date)

Other State examined in \_\_\_\_\_

2.        **Via IDP/Examination.**

FOR BOARD USE ONLY

Legal Name (First, Middle) \_\_\_\_\_ (LAST) \_\_\_\_\_

Residence Address (Include Apt. No., City, State & Zip Code)

License No.  
AR -

Date Licensed

Mailing Address (**ONLY** if different from above)

Social Security No.

Phone No.: (days)

Employer's Name, Address & Phone No.

Other Names Used:

- (1) Are you at least 18 years of age? ..... YES NO
- (2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO
- (3) Have you ever applied for or been licensed as an Architect in Hawaii? ..... YES NO  
If "YES" indicate the MONTH and YEAR: \_\_\_\_\_ or License Number: \_\_\_\_\_
- (4) In the past 20 years have you been convicted of a crime in which the conviction has not  
been annulled or expunged? ..... YES NO
- (5) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ..... YES NO
- (6) Are there any disciplinary actions pending against you? ..... YES NO
- EXPLAIN 'YES' RESPONSES, PROVIDING DATES, PLACES, AND TYPE OF CONVICTION OR DISCIPLINARY ACTION ON A SEPARATE SHEET. Attach pertinent documentation if applicable.**

LICENSURE WITH OTHER BOARDS	Name of Board First Licensed With	Certificate Number	Effective Date	By Written Exam?	Current?	Name of Other Boards Licensed With

  

EDUCATION  Indicate if School of L. Arch. with university & clarify degree as "B in L Arch."	Name & Location of School	Dates (Mo/Yr)		Date Graduated	Degree Received	Technical Course
		From	To			
		Architectural College/University				
	Other College/University					

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App .....	244 .....	\$75
Lic .....	245 .....	\$50
CRF .....	247 .....	\$35/\$70
½ Ren .....	240 .....	\$40
Service Fee .....	BCF .....	\$15

**EXPERIENCE RECORD.** (You may attach additional sheets provided that the information is in this format)

ENGAGEMENT NUMBER	DATES (mo/yr) TIME (yrs & mos)			TITLE OF POSITION, NAME OF EMPLOYER & CHARACTER OF EACH EMPLOYMENT. <i>Designate each employment or change in position by a separate letter and a ruled line extending across page. Include magnitude &amp; complexity of work on which engaged, your duties &amp; degree of responsibility. Have in mind that the Application Committee is more interested in your specific duties rather than the number of persons employed or over-all cost of projects.</i>	YOUR SUPERVISOR	
	FROM	TO	TOTAL TIME		NAME & ADDRESS	LICENSED ARCHITECT?
				SUMMARY (By Applicant) TOTAL EXPERIENCE		
				SUMMARY (By Board)		

**AFFIDAVIT OF APPLICANT:**

I, the person named on this application, being first duly sworn, do depose and say: That I have read this application and know the contents thereof and that, to the best of my knowledge and belief, the foregoing statements are true in substance and effect and are made in good faith. I also certify that I have read, understand, and agree to comply with the laws and rules that the board determines are required for licensure.

Date \_\_\_\_\_

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

## VERIFICATION OF SUPERVISION - ARCHITECTS

The applicant named below has applied for licensure by examination or endorsement with the Board of Professional Engineers, Architects, Surveyors and Landscape Architects. The Board rules require that an applicant for licensure must have worked for a specified number of years under the supervision of licensed architect(s). To verify this period of supervision, this form shall be completed by the applicant's supervisor and mailed to: **Board of Professional Engineers, Architects, Surveyors and Landscape Architects, P.O. Box 3469, Honolulu, Hawaii 96801.**

Name of Applicant:	Name of Supervisor:	
Name of Employer:	Address of Supervisor:	
1. The applicant worked under my supervision from _____ to _____. Total Yrs _____ Mos _____.		
2. During the time indicated above, I was licensed as a:		
a. <input type="checkbox"/> <b>Architect</b> Certificate No. _____ Date of Licensure _____ State _____		
b. <input type="checkbox"/> <b>Other Profession of Licensure</b> Certificate No. _____ Date of Licensure _____ State _____		
3. What was the scope of your supervision?		
4. Please describe specific assignments given to applicant on projects while under your supervision:		
5. Other comments regarding the applicant:		

I hereby certify that the statements and answers contained in this verification regarding the person named as applicant are true and correct to the best of my knowledge; and the statements given regarding myself are true and correct.

\_\_\_\_\_  
Signature of Supervisor

Date \_\_\_\_\_

# VERIFICATION OF EXPERIENCE IN RESPONSIBLE CHARGE - ARCHITECT

State of Hawaii, Board of Engineers, Architects, Surveyors & Landscape Architects.

Access this form via website via: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

The applicant named below has applied for licensure by endorsement with the Board of Professional Engineers, Architects, Surveyors and Landscape Architects. The Boards rules allow an applicant to qualify for licensure on the basis of experience in responsible charge. To verify this period of experience, this form shall be completed by a licensed architect and mailed to: **Board of Professional Engineers, Architects, Surveyors and Landscape Architects, P.O. Box 3469, Honolulu, Hawaii 96801.**

NAME OF APPLICANT:		NAME AND LICENSE NO. OF ARCHITECT:
		License No.:
FROM	TO	DESCRIPTION OF ARCHITECTURAL WORK

I hereby certify that I have knowledge of the applicant's architectural experience as stated above in which the applicant was in responsible charge of the architectural work.

\_\_\_\_\_  
Signature of Licensed Architect

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_



VERIFICATION OF EXAM/LICENSE - ENGINEERS, ARCHITECTS, LAND SURVEYORS, AND LANDSCAPE ARCHITECTS

State of Hawaii  
Board of EASLA

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

A P P L I C A N T	APPLICANT: Complete top of this page and forward to ORIGINAL state of license.				
	Name (First, Middle)		(LAST)	Other Names used:	
	Address (Include apt. no., city, state and zip code)			Social Security No.	
				Phone No.	
				Circle type of License Held:	
	License No.		Date Issued	PE      ARCH      LAND ARCH      LAND SURVEYOR	
I hereby authorize the licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.					
Date _____ SIGN HERE: _____					

PART II - FOR STATE BOARD ONLY TO COMPLETE						
The above-named person is applying for license in the State of Hawaii. Please complete all information below, affix your board seal and mail directly to: BOARD OF EASLA DCCA, PVL LICENSING BRANCH P.O. BOX 3469 HONOLULU, HI 96801						
Certificate Number Date Issued Valid Until Date Applied	PROFESSIONAL ENGINEER	ENGINEER IN TRAINING	ARCHITECT	LANDSCAPE ARCHITECT	LAND SURVEYOR	CURRENT & GOOD STANDING  [ ] License is in good standing.  [ ] If any pending action or past sanctions, please explain on reverse side.
	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	
EIT accepted from (name of states):			Indicate <u>DISCIPLINE OF ENGINEERING</u> examined in (Use "NA" if not applicable):			
Examination Subjects	No. of Hours	Grade Obtained	Passing Grade Required	Month & Year Passed	Uniform NCEES, NCARB or CLARB exam?	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	

BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

BOARD SEAL  
(if none, please state none)